

**Confederated Salish and Kootenai Tribes
Early Childhood Services (ECS)
Early Head Start, Head Start, Child Care
FAMILY APPLICATION**

POINTS _____

Date Entered _____ Initials _____

How did you hear about Early Childhood Services?

CHILD INFORMATION:

Child's Legal Name: _____
First Middle or Initial Last

Date of Birth: _____

Age _____ M _____ F _____

Tribal Affiliation: _____ Enrolled CSKT _____ CSKT Descendant _____ Caucasian
_____ Enrolled other Tribe _____ Alaska Native _____ Asian
(Documentation required)
_____ Hispanic _____ African American _____ Other

Mailing Address: _____
Address City, State Zip

Physical Address: _____
City

Home Phone _____ Work Phone _____

Cell Phone _____ Message Phone _____ Relationship _____

CHILD'S HEALTH COVERAGE:

_____ Medicaid _____ IHS Beneficiary _____ CHIP
_____ Private Health Insurance _____ Self-Pay _____ None I need help with this

Dr./Passport Provider _____
Address and Phone _____

Child's Dentist _____
Address and Phone _____

CHILD'S HISTORY:

Does child have a diagnosed disability or special need? _____ Yes _____ No

If yes, what is the disability or special need? _____

Which agency or professional/Doctor. _____

Does child have a current/past **IEP** (Individualized Education Plan) or **IFSP** (Individualized Family Services Plan)? _____ Yes _____ No

If yes, please provide a copy so Early Childhood Services may begin coordinating services as soon as possible.

Do you have any concerns about your child's development? _____ Yes _____ No

If yes, please describe:

Program Options---(Please check the option you are interested in—remembering that only one choice can be entered into the computer)

FAMILY IS INTERESTED IN:

Early Head Start

(designed to provide services to families of children 0 to 3 that nurture social, emotional, health, educational and nutritional needs.)

Prenatal Services
 0-3 services-Center based Start

0-3 Home Based (weekly services provided in the home with a monthly center-based activity

Available sites:

(check one)

Arlee
 St. Ignatius
 Ronan (target population-teen parents)*
open during high school hours
 Pablo(Combination Early Head and Child Care for Tribal employees and/or Students)

Head Start (program for children, age 3 through 5)

Center-Based

Please note: Children must have turned 3 or 4 By September 10th of the school year for which they are applying

Arlee
 St. Ignatius
 Ronan
 Pablo
 Pablo College Drive(Combination Head Start and Child Care for Tribal Employees and/or Students)
 Polson
 Elmo

Home-based services/ Head Start (weekly services provided in the home with a twice-monthly center based activity) (**available in Hot Springs** for families of children 3-5 years old)

Child care—not available in all sites

Current rates are \$29.00 a day for children up to 24 months of age and \$25.10 a day for children 24 (+) months of age. Rates are charged for every day that the center is open. Rates are subject to change.

Combination Services—not available in all sites

Children enrolled in Early Head Start or Head Start services are not charged for that portion of the day. Child Care hours before and after Early Head Start or Head Start equal a full day of service and are charged a full day rate. Rates above apply. Early Childhood Services staff is available to assist families in applying for Child Care payment help through the DHRD and/or the Nurturing Center.

- * For the Ronan Early Head Start we offer an extended day to accommodate our target population, which are teen parents. Even Start/SKC students will be considered if the space is available. The center is open for the entire school day. If there is an early out day at the High School the Early Head Start center also closes early. The center is open every day that the Public High school is in session. Parenting classes, Pre-Natal classes and services, support networks, mealtimes are included in the extended day package.

Family Dynamics:

One Parent Two Parent Teen Parent
 Foster Parent (Documentation needed) Short term Long Term

Social Worker Name _____ Agency _____
Phone # _____

Grandparent/Guardian (copy of legal Documentation) Short term Long term

**** **Number of people living in home** _____

APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION

INCOME: (PROOF OF ALL INCOME FOR CUSTODIAL PARENT(S) REQUIRED. APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.)

(Grand/Foster/Guardian/Step parent) circle one if applicable

Mother's Name _____ Date of Birth _____ Age _____

Mailing Address (if different from child) _____

Physical Address (if different from child) _____

Home Phone _____ Work Phone _____

Cell Phone _____ Message Phone _____ Relationship _____

Place of Employment _____ Seasonal? _____

Tribal Affiliation: Enrolled CSKT CSKT Descendant Caucasian
 Enrolled other Tribe Alaska Native Asian
 Hispanic African American Other

(Grand/Foster/Guardian/Step parent) circle one if applicable

Father's Name _____ Date of Birth _____ Age _____

Mailing Address (if different from child) _____

Physical Address (if different from child) _____

Home Phone _____ Work Phone _____

Cell Phone _____ Message Phone _____ Relationship _____

Place of Employment _____ Seasonal? _____

Tribal Affiliation: Enrolled CSKT CSKT Descendant Caucasian
 Enrolled other Tribe Alaska Native Asian
 Hispanic African American Other

Mother Father NOT living in home with child

Please take the time to review your application. Check to make sure all requested information is present, especially the information that states it is required for the application to be processed. Sending in an incomplete application slows the process as the necessary information is gathered and may make the difference between a placement in a center and being placed on a waiting list. Thank you for applying to our program and we hope to visit with you soon.

Parent/Guardian Signature _____ Date _____

Application cannot be processed without signature/date, number of people in the home and proof of income!!

If child is a member of another tribe—remember to send in proof of enrollment.

Call 676-4509, ext. 6109 with any questions you may have about the application process or the programs offered.

Please return completed application to:

**Early Childhood Services
35840 Round Butte Road
Ronan, MT 59864
(406) 676-4509
Fax: 676-4507**

IF BEING REFERRED BY AN OUTSIDE AGENCY---THE AGENCY WILL COMPLETE THIS SECTION

Referred by _____ Date of Referral _____

Title _____ Agency _____

Reason for Referral _____

Parent Notified of Referral ___yes___no

Note: If being referred the parent still needs to fill out and SIGN the application